



# Nevada State Board of Medical Examiners

## \* \* \* MINUTES \* \* \*

### BOARD RETREAT MEETING OPEN SESSION

Held in the Lakeview Room, #1747  
at the Peppermill Resort Spa Casino  
2707 South Virginia Street, Reno, NV 89502

and teleconferenced to:

the conference room of the Nevada State Board of Dental Examiners  
6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

*THURSDAY, AUGUST 6, 2009 – 8:30 A.M.*

#### *Board Members Present*

Charles N. Held, M.D., President  
Benjamin J. Rodriguez, M.D., Vice President  
Renee West, Secretary-Treasurer  
Jean Stoess, M.A.  
S. Daniel McBride, M.D.  
Van V. Heffner  
Beverly A. Neyland, M.D.

#### *Board Members Absent*

Sohail U. Anjum, M.D.  
Javaid Anwar, M.D.

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*Staff Present*

Louis Ling, J.D., Executive Director  
Edward O. Cousineau, J.D., General Counsel  
Lyn E. Beggs, J.D., General Counsel  
Laurie L. Munson, Chief of Administration and Information Systems  
Douglas C. Cooper, CMBI, Chief of Investigations  
Pamela J. Castagnola, CMBI, Deputy Chief of Investigations  
Lynnette L. Daniels, Chief of Licensing  
Carolyn H. Castleman, Deputy Chief of Licensing  
Jerry C. Calvanese, M.D., Medical Reviewer

Agenda Item 1

**CALL TO ORDER AND ANNOUNCEMENTS**

- Roll Call/Quorum
- Charles N. Held, M.D., President

The meeting was called to order by President Charles N. Held, M.D., at 8:35 a.m.

Ms. Beggs took roll call, and the following Board Members were absent: Sohail U. Anjum, M.D., Javaid Anwar, M.D., Benjamin J. Rodriguez, M.D. and Renee West. Ms. Beggs stated that there was a quorum.

Mr. Ling stated the goal of the meeting was to come up with a plan for the next 12 to 18 months.

Agenda Item 2

**DISCUSSION & POTENTIAL ACTION RELATED TO ADMINISTRATIVE ISSUES**

1. Scanning of Disciplinary Actions
2. Making Disciplinary Documents Available From Website

Mr. Ling explained that many boards nationally are now scanning their disciplinary documents and making them available to the public on their websites. The idea is to make these documents available to the public when they look up a licensee on the Board's website. He stated the staff would begin with current cases and work their way back through the older cases.

Discussion ensued concerning the types of documents that would be available on the website and potential legal issues if the Board were to do this.

Mr. Cousineau stated that only public documents would be made available on the website, and those are documents that are already available to the public by calling the office.

Mr. Ling told the Board this is not a high priority item, but is something the staff would move forward with at sometime in the future, unless the Board was opposed to doing so.

There was no objection by the Board.

Discussion ensued concerning the malpractice information that would soon be available on the website. The documents themselves will not be available on the website; only summaries of the claims, as before.

Ms. West joined the meeting at 9:15 a.m.

**3. Laptops For Board Members & Staff for Board Meetings**

Mr. Ling stated that the use of laptops for Board meetings was already approved at the time the Board hired him, but it was not acted upon because the Board did not have the funds to do so. The Board can now afford to move forward on this project, if it chooses to. He described the procedure that would be followed to prepare the materials for Board meetings and how the laptops would be used in conjunction with that, and stated the Board would need to purchase inexpensive laptops and a software system.

Discussion ensued regarding how the process would work.

Some Board members indicated they would like to move forward with the project.

Mr. Ling stated this was not a high-priority item, and would take some time to implement.

**4. Hot-linked Agenda on the Website**

Mr. Ling explained that the intent here is to add links to the Board's meeting agendas on the website, which will link the individual agenda items to any public documents that are part of the meeting materials for those items, and that way the public will be able to view and print those materials.

No discussion took place on this matter item.

**5. Purchase and Install New Videoconferencing System**

**6. Making Board Meetings Available From the Website**

**7. Videoconferencing of Committee Meetings by Board members from Their Offices**

Mr. Ling stated that the Board's present videoconferencing system is no longer being supported, so the Board needs to purchase an upgrade for it. There are several upgrade versions and the one he would recommend would allow the system to link to as many as six remote nodes so that Board Members could attend certain committee meetings via videoconference from their offices, which would reduce the amount of travel they have to do. Additionally, the Board would have the ability to make its meetings available to the public on their computers like the Legislature does.

Discussion ensued concerning Board Members attending meetings from their offices, and whether it would be appropriate to use videoconferencing for Investigative Committee meetings, particularly when there are appearances by licensees during those meetings. Dr. McBride suggested that Investigative Committee meetings could be bifurcated so that Board Members would be physically present for the appearances and the closures could be discussed via videoconference meetings.

#### 8. Changing Fiscal Year to Calendar Year

Mr. Ling advised the Board that beginning in January 2010, the Board's fiscal year would be a calendar year, rather than the current fiscal year of July 1 through June 30.

#### 9. Changing Board Meeting Schedules

Mr. Ling told the Board that at the New Executives meeting he attended at the offices of the Federation of State Medical Boards, frequency of meetings was discussed. This Board meets the least frequently of any of the boards that were represented at that meeting. Many of them meet monthly, some meet six or eight times per year. Mr. Ling asked the Board Members to consider whether they would prefer six one-day meetings rather than four potentially two-day meetings. He stated the Board of Pharmacy and the Board of Nursing both meet every six weeks. The benefit of having more frequent meetings is that applicants would be able to appear before the Board sooner and disciplinary actions would move along more quickly.

Dr. Rodriguez joined the meeting at 9:43 a.m.

Discussion ensued concerning whether the Board should add meetings to its schedule, the additional travel expenses that might be incurred as a result, and regarding whether to alternate meetings between Reno and Las Vegas.

The consensus was to defer a decision on this matter until a later date.

#### 10. Weekly E-mail From Executive Director to Board Members

Mr. Ling said he had received a request from a Board Member that he begin sending weekly update emails to the Board Members like his predecessor, Mr. Clark, used to do. This raised a more general question in his mind as to whether he is communicating enough with the Board.

Discussion ensued regarding whether the Board Members wanted to receive weekly updates or whether Mr. Ling should just continue to keep the Board apprised of important, urgent and out-of-the ordinary issues.

The consensus was for Mr. Ling to forward to the Board Members any emails from Keith Lee regarding items in the press that involve the Board, but not to send weekly updates concerning other matters.

**DISCUSSION & POTENTIAL ACTION RELATED TO LICENSURE ISSUES**

**1. Licensing of Perfusionists**

Mr. Ling advised the Board that staff was beginning the process of licensing perfusionists. They are working on developing the application form and it will be completed in the next few months. Perfusionists have until June 30, 2010 to become licensed. A few have already contacted the Board regarding licensure. One particular organization claims to have 43 members that will need to be licensed. Mr. Ling described what perfusionists do.

**2. Moving RT Renewals to Odd-Numbered Years**

Mr. Ling explained that the renewal cycle affects all divisions of the Board staff, adding to the workload of the entire staff. In order to cut down on the time required of staff during renewals, beginning in 2011, the respiratory therapists, who currently renew in even-numbered years, will begin renewing their licenses in odd-numbered years like the remainder of the Board's licensees. The respiratory therapists' licenses will currently expire on February 28, 2010. When they renew in 2010, they will be charged a full two-year renewal fee, but when they renew again in 2011, they will only be charged for one year, and at that point their renewal fees will be paid until they have to renew again in 2013.

**3. Implementing New Licensing Processes Per SB 269**

**A. Licensure by Endorsement**

Mr. Ling explained that pursuant to the passage of SB 269, the requirements for licensure by endorsement have reverted back to those prior to the change in statute in 2007, with the addition that the President, in consultation with the Executive Director, is now authorized to license an applicant who qualifies for licensure by endorsement between Board meetings if there is too much time remaining before the next Board meeting. This should allow the Board to license some qualified physicians more quickly.

Discussion ensued concerning the need for a physician Board Member's involvement in the event the Board has a non-physician President, and ways that involvement could be accomplished. Mr. Ling suggested that the License Application and Malpractice Review Committee is another option that could be utilized for consideration of applicants for licensure by endorsement.

**B. Proof of Medical Degree**

Mr. Ling explained that this change allows the License Specialists to obtain proof of a medical doctor degree from sources other than the medical school itself when the country in which the school is located is at war, the medical school has been closed, and such.

Ms. Daniels and Ms. Castleman explained that in those instances, proof could be obtained from other reliable sources, such as another state board or the ECFMG.

Discussion ensued concerning the possibility of having the License Application and Malpractice Review Committee approve the proof of medical degree in those instances, so that the applicant does not have to appear before the full Board.

The consensus was to allow the Licensing staff to run these cases either through the License Application and Malpractice Review Committee or the Board for approval.

- C. Verification Through Sources Other than Primary Sources
- D. Assessment of Licensing Penalties

Mr. Ling explained that with the passage of SB 269, the Board is now authorized to license someone based on verification of information obtained from online sources. The Board can still demand, if it wants, primary source verification after the fact. The idea is to license applicants more quickly. This will be applicable only to those applicants who have no negative information on their applications. The question is from what other sources the Board wants to authorize the License Specialists to obtain information. Examples would be the FCVS or other online sources.

Ms. Daniels explained that what the staff is proposing is to obtain an applicant's core education and exam information from FCVS, and then if the applicant has not responded affirmatively to any questions on his or her application that would require further review, they would license him or her, and if there is simple information that might still need to be addressed, such as malpractice carrier verification, that could be done after the fact.

Mr. Ling explained that another change with the passage of SB 269 is that if the Board finds later that an applicant misrepresented something on his or her application, it now has the authority to do a variety of things. It can assess the fees and costs associated with rectifying the application, make the applicant reapply and clean up his or her application, assess fines, and in the worst cases, it can suspend the license immediately until the matter can be sorted out. This would be considered an administrative action, not a disciplinary action.

Discussion ensued concerning assessment of fees, costs and fines. Dr. Rodriguez suggested putting in place guidelines for assessment of fees and fines. Discussion ensued.

- E. Evaluation of Information 10 or More Years Old

Mr. Ling explained that his original idea was if the Board limited look-backs to 10 years on malpractice and disciplinary actions, it would speed up the licensing process, so he included this proposition in SB 269. Senator Buckley questioned why the Board wouldn't want to know an applicant's entire history, so the Legislature added an amendment, which is now part of the legislation that passed. The law now states that the Board may consider any information that is more than 10 years old if the Board receives the information from the applicant or any other source from which the Board is verifying the information provided by the applicant, but the Board may refuse to consider any information that is more than 10 years old if the Board determines that the claim or complaint is remote or isolated and that obtaining or attempting to obtain a record relating to the information will unreasonably delay the consideration of the application. This basically means that the staff is still going to obtain the same information it

always has, but the Board doesn't have to consider anything older than 10 years if it deems it unnecessary for consideration of the application.

#### 4. Reassessment of Non-Renewal and Reinstatement

Mr. Ling explained the staff is now in the process of dealing with those licensees who did not renew their licenses and received suspension orders. They do not like having a status of "Suspended-Non Pay" because they say it sounds disciplinary, and the staff has spent a fair amount of time dealing with this issue. The term "Suspended-Non Pay" comes from the statute because the statute says licensees are suspended if they do not renew. Staff is proposing a change in the terminology which would put these licensees into "Lapsed" status, which technically and legally would be the same status as "Suspended-Non Pay" because they could not practice. If the licensee does not reinstate his or her license within two years of going into "Lapsed" status, his or her status will change to "Expired."

Discussion ensued concerning whether the Board should change the wording, whether it could legally do so without changing the statute, and what term to use in place of "Suspended-Non Pay."

Discussion ensued concerning how to ensure the Board's licensees are aware that they have the option to request non-renewal, and that way they can avoid ending up with a "Suspended-Non Pay" status.

Dr. Held stated the Board would change the verbiage in one way or another.

#### 5. Online Applications and Online Reinstatement Applications

Mr. Ling told the Board that the Federation of State Medical Boards is offering a uniform online application, to which each state can then tack on its own specific additional requirements. Six or seven states are already utilizing this service. Right now the Federation is offering to pay the costs for all the I.T. services necessary to make this happen. He stated Ms. Daniels and Ms. Castleman are going to visit the Federation offices to see the process and will also see the FCVS process, so that we will be more comfortable with it. He thinks it is a good idea and it might make it easier for people to apply in Nevada. If an applicant goes through the FCVS and uses the online application, about 75% percent of the application is created for the applicant instantly. If it appears to be a viable and favorable process to use, staff will bring this back to the Board for consideration.

#### 6. Withdrawal of Application With or Without Notation

Mr. Ling explained this is a topic he and the Licensing staff have been talking about for some time. There are two types of withdrawals – those who withdraw their applications because they decide not to come to Nevada, and those who withdraw because we find something derogatory and notify them of that fact. Currently, there is no indication on the applicant's record as to which type of withdrawal it was, so when a sister state looks at that record, all it sees is a withdrawal. Some other states are using the terms "withdrawal without notation" and "withdrawal with notation." "Withdrawal with notation" signals other states that

they should call and find out what happened. This is something he thinks we would want the other states to know about.

Discussion ensued concerning whether this would be appropriate, how much information should be provided to other jurisdictions if the withdrawal is accompanied by a notation and whether additional action should be taken against those applicants who submit false applications.

The consensus was for staff to look further into how the Board can utilize the terms "withdrawal with notation" and "withdrawal without notation."

## 7. Special Event Licensing

Mr. Ling explained that through SB 266, Senator Carlton created a new Special Event License. She has specifically stated this is not to be used for "Botox parties." Staff will be creating regulations to govern this new license type, and the fee for that license will be \$400.

### Agenda Item 4

## DISCUSSION & POTENTIAL ACTION RELATED TO INVESTIGATIONS AND LEGAL ISSUES

### 1. Revising Hearing Procedures Per SB 269

Mr. Ling explained that the Board needed to revise its regulations and hearing procedures to harmonize with the changes in the statutes as a result of passage of SB 269. A licensee will now have 20 days to file an answer to a complaint. Immediately afterward, an early case conference must be held between the hearing officer and the attorneys for the Board and the licensee to set out all deadlines, motion dates, hearing dates, etc. This should help the Board avoid the numerous requests for continuances it currently receives. Patient-complainants are now also allowed to participate in the hearing and the later presentation to the Board. Additionally, Board Members now have the option to sit with the hearing officer, singularly or in panels, and to participate in the hearing process itself. Once the hearing has been decided, the attorneys for the Board and the licensee will have the ability to present closing arguments to the Board, which should assist the Board in coming to a decision on a case. If the Board makes a finding against a licensee, the patient, or his or her surviving spouse, will have a right to address the Board prior to the imposition of discipline. The Board can also solicit written input from patients.

Discussion ensued concerning Board Member participation in disciplinary hearings.

### 2. Summary Suspension Procedures Under SB 269

Mr. Ling stated that beginning October 1st, the Board will have its own summary suspension power and will no longer have to depend upon the general summary suspension power in the Administrative Procedure Act. The summary suspension power can be exercised by the Board as a whole, by an Investigative Committee or by the Executive Director with an officer of the Board. Most often, these actions will be brought before the Board as a whole. If that option is not available, it will be brought before an Investigative Committee, and the third



option would not be used unless absolutely necessary, due to time constraints or lack of availability of Board Members.

Discussion ensued concerning the option of utilizing Board officers for summary suspension proceedings.

Ms. Beggs added that one advantage of having the Investigative Committees consider summary suspension requests is that it would not taint the adjudicative body.

Mr. Ling added that a hearing must be held within 45 days following a summary suspension.

3. Creating Regulations to Implement SB 269
  - A. Definition of "Scope of Practice"
  - B. Definition of "Unsafe or Unprofessional Conduct"

Mr. Ling explained that regulations are a great way for a Board to express its will – what it expects of practitioners, what it thinks they should and should not do. The Legislature has asked the Board to write regulations defining what "Scope of Practice" means and defining those things the Board considers unsafe or unprofessional conduct.

The statute now says the Board can discipline someone for practicing or offering to practice beyond the scope permitted by law or performing services that the licensee knows or has reason to know that he is not competent to perform or which are beyond the scope of his training.

Discussion ensued regarding how to go about creating regulations to define these areas. Dr. Rodriguez suggested the Board should learn from other states who have already delved into these areas in order to formulate this Board's regulations.

Discussion ensued concerning what criteria should be used to define the scope of practice, the difficulty in doing so because the Board does not license by specialty, and whether the Board is the appropriate entity to do so.

Ms. Beggs stated there are other states that have already done this, so the Board can look to them for guidance. The question is whether the Board wants staff to begin looking into it.

Mr. Ling stated that "Unsafe or Unprofessional Conduct" is an area where there are some very specific lines the Board could draw which would, in the end, become a list of "dos" and "don'ts." Some of the work has already been done by other states, national organizations, etc., which the Board can draw from in creating its list.

The consensus was for staff to find out what other states have done before moving forward with these regulations.

#### 4. Creating Regulations to Implement the Use of Remediation Agreements

Mr. Ling explained that the Legislature gave the Board a rather vague direction that it is supposed to create regulations to carry out the provisions regarding remediation agreements. The only thing he can see that the Board would actually want to regulate is to define the types of cases where remediation agreements would not be appropriate, such as in cases of malpractice with patient harm and where certain intentional behaviors are involved. Remediation agreements would be appropriate in cases involving records violations, unsanitary office conditions, and such. The licensee would be given time to correct the problem, and if it is corrected, the case would be closed. If not, then discipline would be imposed.

Discussion ensued concerning under what circumstances remediation agreements would be appropriate and the process to be followed in those cases.

Mr. Ling advised the Board that this tool has been given to the Board largely as a pilot, and it will expire at the end of the next legislative session unless the Legislature renews it. We have an obligation under the statute to report to the Legislature how we have used it, how many times we have used it, etc. If we find it is not useful, we will let it expire, but if we find it is a useful tool and we can prove that to the Legislature, we will request that they extend it.

#### 5. Establishing Preventive Measures

##### A. Clarifying Responsibilities of Medical Directors & Other Ownership Issues

Mr. Ling explained that this discussion concerns three items that are either coming up fairly consistently as issues or are underlying issues in cases. The first is that he has heard Board Members say many times in Investigative Committee meetings that so-and-so is the medical director, so of course he or she is responsible. The truth is the term "medical director" is not defined in our law and it doesn't say that in our law. So what we are seeing are cases where somebody is the "medical director" of a facility, he or she sets up a really lousy system, that system harms people, but as long as that "medical director" did not perform one of those bad procedures, there is nothing we can do to that person. So the question is what changes need to be made in order for the Board to be able to get to those people.

Discussion ensued concerning whether the Board should draft a regulation defining who can be a medical director, what a medical director does and what he or she is responsible for.

Ms. Beggs stated that this would be particularly helpful with respect to medical spas.

Dr. McBride suggested that staff find out what other states are doing with respect to this issue.

Dr. Neyland left the meeting at 2:50 p.m.

##### B. Clarity Regarding Proper and Lawful Use of Medical Assistants

Mr. Ling asked the Board for its interpretation of the Board's existing regulation regarding medical assistants as to what medical assistants can and cannot do. There is a long-standing myth out there that a medical assistant can do anything that his or her supervising

physician lets the medical assistant do and if something goes wrong, the doctor is responsible. But that is not what the regulation says.

Discussion ensued concerning what medical assistants can and cannot do under current law. Mr. Ling stated that a physician cannot simply train someone to perform tasks that the Legislature says a person has to be licensed to perform.

Mr. Cousineau suggested a starting point could be to define a few specifics that we can say as a Board are clearly something a medical assistant should not be doing. It would be a dynamic list.

Ms. Beggs stated that it would be very helpful if the Board had a definition of supervision for medical assistants. Discussion ensued.

Mr. Ling said staff will come back to the Board along the lines of what Mr. Cousineau suggested. He is also going to look into whether there is a way, until the matter can be brought before the Legislature, to allow medical assistants to do routine injections until the next legislative session.

#### C. Reference to and Reliance Upon Consensus Standards

Mr. Ling stated this issue is basically the same idea as unsafe or unprofessional conduct, and is something staff will start building into that concept. If there is a national consensus regarding a particular practice or issue, the Board could adopt it where appropriate, and build that into a definition of unsafe or unprofessional conduct.

#### 6. Addressing Issues of Prosecutorial Immunity Raised by AB 10

Mr. Ling explained that AB 10 began as a nurse protection act for whistleblowing by nurses. Along the way, the Legislature changed the Medical Practice Act. In particular, they removed the words "without malicious intent" and added language that now precludes the Board from investigating or taking any action against a person who is cooperating with a government entity. They have defined "governmental entity" to include every possible entity. What this means is that if a physician cooperates with any one of those entities, the Board cannot investigate or take action against him or her. The problem is twofold. One is we do not know what the parameters of cooperating with us are. The other is we will have no way of knowing what other entities an individual is cooperating with. The worst instance would be in a case where there are overlapping jurisdictions and several doctors all involved in the same bad behavior, and they each run to different entities and get immunity, and we become unable to prosecute any of them. Staff has put into place an internal policy regarding the Board's Investigators and the lines they have to be careful not to cross when talking to physicians while investigating a case so we can avoid ending up in a situation where the physician is now deemed to be cooperating and we are unable to prosecute him. Staff is going to try to formalize this with some type of "cooperation agreement" and hope that a physician will not be deemed under the statute to be cooperating unless he has entered into a formal cooperation agreement with us.

Dr. McBride stated the Board should make an effort to overturn this legislation at the next session.

## 7. Establishing Mechanism for Input, Review, and Improvement

Mr. Ling explained that beginning in the fall, he plans to go out and speak with various groups, such as state associations, medical societies, etc., as a way to gather ideas from people outside the Board as to what they think the Board should be doing, and to begin establishing some ties with those entities and people.

Discussion ensued concerning other ways the Board should reach out, such as to the Legislators.

Mr. Ling advised the Board that the Interim Health Care Committee will again be in session in the fall and winter, and the Board will again be the subject of more legislative hearings.

## 8. Consideration of Additional General Counsel Position

Mr. Ling explained that the Board had three attorneys until Bonnie Brand retired. When he was hired, there was a hole in the budget so the Board has continued to operate with two attorneys. Now that there is a small surplus in the budget, the Board could afford to hire a third attorney. If the Board were to hire a third attorney, it would be possible to take more cases to hearing and settle fewer. He explained that settlements take less time than trying a case, but you always get less from a settlement in terms of repercussions to a licensee than if you try a case and win.

Discussion ensued concerning whether, from a budgetary standpoint, it would be prudent to hire a third attorney.

Ms. Beggs advised the Board that in rough averages, the time involved in trying a case is 20 to 85 hours per case, as opposed to 10 to 60 hours to negotiate a settlement. Additionally, there are many other matters the attorneys handle that the Board does not see, such as motion practice, letters of concern, responding to multiple emails and phone calls daily and drafting CMT reviews. There are currently 105 open cases in the Legal Division and 29 more to be filed on, and there is no way to take them all to hearing.

Further discussion ensued concerning whether it would be appropriate to hire a third attorney at this time, and possible alternatives.

Mr. Cousineau explained that not every settlement is by necessity, and if it is possible to obtain the same outcome from a settlement as through a hearing, there is no reason not to settle a case. That said, the attorneys do handle many other matters, and remediation agreements will increase the workload. The attorneys will endeavor as before, regardless of the decision of the Board whether or not to hire a third attorney.

Mr. Cooper added that the Legal Division workload will continue to increase, as the Investigations Division workload is increasing.

Mr. Ling stated that this item is included on the list of requests for spending that will be before the Board the next day at its quarterly meeting during discussion of the budget, and the Board will be asked to make a decision on it at that time.

9. **Engaging in Decennial Review of All Regulations**

Mr. Ling stated the Board is required to engage in a decennial review of its regulations. This is timely since we are currently in the process of updating our regulations.

Agenda Item 5

**BOARD MEMBER COMMENTS**

Dr. Rodriguez stated that his colleagues in Las Vegas have asked him to bring the issue of Botox and chemotherapy use before the Board. Botox and its new competitor are sold in the U.S. in vials labeled "single-patient use." However, that is not the case worldwide. Clark County is the only county in the world that is using those vials on single patients and there is a tremendous amount of waste. Medicare has long recognized this and has instructions on how to use these vials for multiple patients and bill for multiple patients. This is also a problem for pediatric oncologists. One vial of their chemotherapy drug costs about \$10,000 and contains enough to treat two children. If used as required by Nevada's current statutes, they could not afford to use it. The question is do we amend our standards to match those of the rest of the world or hold out until the rest of the world comes around to our standards.

Discussion ensued concerning the issue.

Mr. Ling asked whether there were any drugs that are labeled as single-use that should never be used on multiple patients. Dr. Rodriguez stated the only one that came to mind was propofol because it is a great growth medium for bacteria.

Discussion ensued concerning how to safely regulate the use of the other drugs, such as Botox and chemotherapy, which come packaged in vials labeled single-use on more than one patient. Mr. Ling stated he would work with Dr. Rodriguez and write letter advising physicians of the standards and practices that must be followed in order to do so.

Agenda Item 6

**PUBLIC COMMENT**

The Board received no public comment.

**ADJOURNMENT**

Dr. Held moved to adjourn the meeting. Mr. Heffner seconded the motion, and it passed. The meeting was adjourned at 5:01 p.m.

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